MELBOURNE MEDICAL DEPUTISING SERVICE
when quality matters

Melbourne Medical Deputising Service (MMDS)

Parliament of Victoria

Inquiry into the Performance of the Australian Health Practitioner Regulation Agency (AHPRA)

Preface

Processes at AHPRA (Vic) have delayed and constrained MMDS in its access to clinical workforce and have also resulted in stressful financial personal consequences for the individual doctors and their families.

This submission is written from the perspective of MMDS as private medical practice that operates after-hours in a workforce shortage area of need[1] and it concentrates on matters related to Limited Registration (Area of Need). It is also written from the perspective of IMG medical practitioners who have been adversely affected by the administrative requirements of AHPRA Victoria and/or the Medical Registration Committee of the Medical Board of Victoria.

In the context of MMDS, the doctors who are most adversely affected are those on Limited Registration (Area of Need) who have applied to either renew their limited registration, lodge a completely new application or, having achieved Fellowship status, are now eligible to upgrade to Specialist Registration.

This submission uses case studies to highlight relevant issues and to demonstrate the effect on individual doctors and MMDS of inconsistent decision-making and obstructive administrative processes at AHPRA Victoria and the Medical Registration Committee.

As far as MMDS can ascertain it is not the intention of the new legislation[2] to reduce the number of doctors in the community who have demonstrated the provision of good medical care and patient safety in Australia. The MMDS experience with AHPRA Victoria is that doctors with the credentials and experience that would be an asset to our community are being turned away rather than being encouraged to come to Victoria. This has detrimental effects for MMDS as a medical practice and its workforce requirements and also for patients in the community who need primary medical care after hours and are unable to go to a clinic – for example, patients in residential aged care, disabled patients living in supported residential care and adolescents in custody at the Melbourne Youth Justice Centre who must to be medically assessed within 24 hours of admission (12 hours in the case of indigenous adolescents).

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[1] As determined by the Department of Health Victoria
[2] *Health Practitioner Regulation National Law Act 2009*

1 Introduction

Acronyms commonly used in this submission: (1) VMO = Visiting Medical Officer; and (2) IMG = International Medical Graduate.

Melbourne Medical Deputising Service (MMDS) is a medical deputising service (MDS) accredited by AGPAL[3] and it arranges for doctors to visit and treat patients at home (private home or residential care) after hours and on behalf of the patient's usual GP. When GPs close their clinics at the end of the day, on weekends and on public holidays, they divert their phone to a medical deputising service so their patients have access to appropriate and timely medical care 24 hours a day, 365 days a year – GPs provide care for their patients in-hours and visiting medical officers (VMOs) provide care on the GP's behalf after hours. This is a major contribution towards ensuring that patients have access to *the right care at the right time and in the right place* - which in the case of non-life threatening medical emergencies and where the patient does not have access to an after-hours clinic means a VMO treating the patient at home after hours rather than the patient going to the closest hospital emergency department.

VMOs provide excellent medicine and manage the medical problems of patients and take responsible action on any medical problem with which a patient presents[4].

MMDS has operated successfully in Victoria since it was established in 1979. In the past year MMDS facilitated the provision of >123,000 home visits including > 64,000 visits to patients in residential aged care[5] These are significant consultation numbers and at any one time MMDS has a pool of over 100 visiting medical officers (VMOs) who work predominately on a part-time basis in the provision of home visits. These doctors (almost half of whom are Fellows of the RACGP) combine the work they do with MMDS after-hours with the in-clinic or hospital emergency department work they carry out.

The provision of primary medical care after-hours is an area that consistently faces workforce shortages and as a result MMDS runs a continuous recruitment program in order to maintain adequate workforce levels over any given period.

With few exceptions, the MMDS workforce is sourced from within the Australian health system – that is, doctors who have trained and worked in Australia; and IMGs who have had the tenacity

[3] A recognised accreditation agency

[4] In doing so VMOs:

- record a history of presenting complaint, relevant history, current medications, allergies, their examination findings, a diagnosis and their management plan which may require the patient to see their regular doctor for follow up or ongoing care.
- prepare a comprehensive report for each patient seen which is transferred electronically an hour after it is completed to the clinical software of the patient's usual GP. Accordingly, VMOs play a significant part in continuity of care for the patients they attend.
- treat patients from all socio-economic and cultural backgrounds of all age groups, in their private homes or residential care facilities. Residential care includes aged care, community residential units for the disabled, youth justice centres and refugees. Patients are triaged on their symptoms by the Service, however, outcomes can range from URTI's to AMI's, requiring extensive history taking and examination by the VMO to allow formulation of an appropriate treatment and management plan.
- Contend and cope well with all the challenges posed by the provision of after-hours primary care in the home setting. The practical care provided includes but is not limited to organising emergency treatment and transfer, prescribing and administering medications, oral and IMI, suturing lacerations, nasal packing, peg tube maintenance, catheter replacement, urine testing, BSLs and observations including B/P.

[5] One of the most vulnerable groups in the community, totally dependent on others to ensure they have access to appropriate medical care, adversely affected by the fact that each year fewer GPs are willing or able to visit patients in residential aged care.

necessary to overcome the many hurdles encountered on the way to registration to practice in Australia (and Fellowship of the RACGP[6] or specialist recognition in another relevant discipline).

MMDS is an RACGP accredited medical education provider and has a robust continuing professional development and a mentor program that is unique in primary care in Australia.

As workforce shortages in the after-hours arena have worsened MMDS has expanded its recruitment program in an endeavour to recruit suitably qualified and experienced doctors from overseas to work in Australia with limited registration and temporary resident visa status. The pathway to medical registration for these temporary resident IMGs will differ according to their qualifications and experience (eg: *ad endum gradum* access to specialist registration or registration that is limited until such time as the IMG achieves specialist or general Registration. Having been granted limited medical registration they will then go on to be governed by other legislative mechanisms and QI&CPD[7] compliance which are in place to ensure the provision of high quality primary medical care by doctors working in Australia.

It is unlikely that Victoria's (and Australia's) reliance on Limited Registration (Area of Need) medical practitioners will diminish any time in the foreseeable future.

1.1 The MMDS workforce:

The MMDS workforce comprises:

- Australian trained and IMGs who are citizens or permanent residents, vocationally registered, FRACGPs[8] who are either
    - combining work in their own practices with part-time VMO work with MMDS; or
    - career VMOs working only with MMDS and at a level of hours that suits their lifestyle;
- Australian trained and IMGs who are citizens or permanent residents with Limited or General registration and working as VMOs with MMDS mostly on a part-time basis via the AMDS Program[9] (this accounts for almost half of the MMDS clinical workforce)
- IMGs who are temporary residents with Limited Registration (Area of Need) – to date only 5 of our 106 VMO workforce are in this category.
- IMGs who are temporary residents with Specialist Registration via the *ad endum gradum* process (FRACGP equivalent).

At MMDS we have mechanisms in place that ensure we maintain a close working relationship with all our VMOs and together with what's happening in their lives in general, we stay abreast of their career progress and any difficulties encountered in this regard. In addition, MMDS provides all necessary administrative support towards medical registration, registration on approved placement programs, provider numbers and support regarding RACGP assessment processes.

Accordingly, MMDS is well-placed to provide input about registration processes that affect its VMOs including IMGs who are either citizens or permanent residents of Australia or temporary resident doctors eligible only for limited registration.

2 Key Issues

- While the *Health Practitioner Regulation National Law Act 2009* is national legislation, its implementation and administration continues to be managed at individual State levels and each State office applies it own set of rules and interpretations – the expression 'National Scheme' is somewhat of a misnomer.

- MMDS is not opposed to the concept of a national scheme but it does question the implementation of the National Law at State level (Victoria) and the effect of excessively

[6] Royal Australian College of General Practitioners (RACGP)
[7] RACGP accredited Quality Improvement and Continuing Professional Development activities.
[8] Fellow of the Royal Australian College of General Practitioners (FRACGP)
[9] Approved Medical Deputising Service (AMDS) Program that is administered by the Department of Health and Ageing and gives doctors who have not yet achieved Fellowship of the RACGP access to a provider number for the provision of primary care after-hours

pedantic administrative processes on individual doctors, patients and MMDS as a business in Victoria.

- There are valid reasons why medical registration processes are complex and we need systems that are rigorous in the verification of qualifications and suitability for particular positions, however, we do not need systems and attitudes that are obstructive.
- In the application of good governance procedures it's important to remember that one size does not fit all and a simple 'let me help you' approach takes no more time and, in the long run, is beneficial for all concerned.
- While it has been beneficial for MMDS to be able to put faces to names and have amicable meetings with senior executives at AHPRA Victoria as well as the Registration Manager and members of the Medical Registration Committee in Victoria, there has been little, if any, substantive improvement in service provision.
- As would be expected, medical registration applications are not put before the Committee unless all paperwork is complete and all the required supporting documentation is provided. However, in the context of transition from state-based legislation to the National Law not all circumstances require such an approach.
- AHPRA Vcitoria doesn't appear to have an officer with delegated authority to assess specific circumstances and in doing so, avoid unnecessary delays at the administrative level of medical registration processes. Nor does it appear to have any special consideration or discretion mechanisms that would facilitate medical registration, avoid or remedy unintended consequences particularly in respect of doctors transitioning from the previous state-based system to the new national scheme.
- The Medical Registration Committee Victoria may be empowered to make decisions about the registration of medical practitioners, however, in regard to doctors who in the first instance are eligible only for limited medical registration it appears to have little confidence in its own ability to assess the capabilities of such doctors.

3 Limited registration (Area of Need) – what does it mean?

First, it is important to note that Limited registration (Area of Need) ought not to be interpreted as clinically inferior. Nor should it be interpreted to mean a recently arrived temporary resident IMG who has not previously practiced Australia – many limited registration doctors have a long-standing and unblemished record of providing quality primary medical care to Australian patients in areas where Australian trained doctors are unable or unwilling to practice.

In Victoria Limited Registration (Area of Need) restricts an IMG (either a temporary resident or an Australian citizen or permanent resident to working at one practice location at a time; [10]imposes supervision levels (usually level 1 for the first three months) on a doctor and the organisation that has engaged the doctor; and limits the doctor's practice discipline, for example, in the case of MMDS limited registration doctors can only practice in the general practice.

Detail regarding Limited Registration (Area of Need) compared with other types of medical registration such as General and Specialist Registration can be found on the Medical Board of Australia website: http://www.medicalboard.gov.au/Registration.aspx.

4 Inconsistent or obstructive decision-making

As of 1st July 2008, an IMG who has not passed the MCQ[11] would, theoretically, not be eligible to **apply** for or **renew** Limited Registration (Area of Need). Whether this requirement should be applied to doctors first registered in Australia well before 2008 is debateable and how it works in

[10] This is what we've heard from AHPRA (Vic), however, to date they have not responded to our request for confirmation in writing and guidance regarding the registration standards, guidelines of legislation that underpins there position in this regard.

[11] Australian Medical Council (AMC), Multiple Choice Questionnaire (MCQ)

practice in Victoria is not clear. For example, in the case of two doctors who have worked with MMDS on limited registration since 2006 (first registered to practice in Victoria January 2006 when the MCQ requirement did not apply) the then Medical Board of Victoria used its discretion to assess each renewal application in the context of the doctors' progress towards achievement of the FRACGP and renewed their limited registration applications in 2007, 2008, 2009 and 2010-2011. Since the implementation of the new National Law and AHPRA on 1 July 2010, AHPRA and the Medical Registration Committee Victoria have continued to renew the limited registration of these two doctors – a reasonable and sensible approach in consideration of all the circumstances.

However, in spite of ambivalence expressed the Director of Registration AHPRA Victoria and the CEO of the Australian Medical Council regarding the application of the MCQ requirement for doctors who were first registered to practice in Australia before 1st July 2008, AHPRA Victoria and/or the Medical Registration Committee have, in all MMDS cases, applied the MCQ requirement to the letter rather than the intent. They appear to have ignored doctors' long-standing and unblemished (no complaints, no reprimands) practice in Australia; ignored the positive recommendations of PESCI Panels; ignored the contributions these doctors have already made to patients in Australia in locations where Australian trained doctors were unwilling or unable to work; ignored references from Australian trained colleagues and ignored workforce shortages and the benefits of retaining the services of doctors with demonstrated skills and experience in the Australian health system.

In two particular cases, in spite of compelling circumstances related to transition to the new legislation, AHPRA and the Medical Registration Committee Victoria have consistently 'deferred' making a decision rather than rejecting applications outright which would enable the doctor to lodge an appeal through VCAT. As indicated in the case studies below, the effect of their medical registration status being in abeyance for almost twelve months was emotionally and financially distressing for the doctors concerned and their families – in one case this meant that the doctor was unable to work and earn any income for a year. Their individual circumstances and interaction with AHPRA Victoria and the Medical Registration Committee are detailed in case studies below.

4.1 Case Studies

The information below (4.1.1 and 4.1.2) was lodged after the doctors' applications for new Limited Registration (Area of Need) had already been considered several times - without decision - by AHPRA Victoria at administrative level and/or the Medical Registration Committee.

4.1.1 Dr AK - Limited Registration (Area of Need)

For consideration by the Registration Committee and the Medical Board of Victoria at the Committee's meeting 24th May 2012

I am writing to request that Registration Committee and the Medical Board of Victoria consider:

- My progress towards achievement of the FRACGP and the circumstances[12] that prevented achievement of the FRACGP at the end of the first 4 years;
- The attached references and letters of support together with the PESCI Panel Report as evidence of satisfactory performance and assessment;
- The unintended adverse consequences for me as international medical graduate who was first registered in Australian before 1 July 2008 (prior to the MCQ) and who is now caught between the old and the new regulatory regimes; and

approve my area of need limited registration application and liaise with the Medical Board of Queensland to achieve a satisfactory transition without any break in continuity.

I believe my substantial experience in Australian general practice[13] without complaint, reprimand or patient dissatisfaction; my contribution to the well-being of the many patients of the Queensland

[12] *The Board understands that there may be circumstances that prevent an IMG from applying for general or specialist registration at the end of the first four years of limited registration*, Information on how IMGs can demonstrate satisfactory progress towards gaining general or specialist registration, Medical Board of Australia, 13 April 2011 p. 2

[13] *Australian GP experience

- August 2004 – October: GP at Tara Medical Clinic, 2-3 doctor practice in S.E. QLD
- October 2006 – August 2011: GP at Medicross, Ipswich, QLD.

practices in which I have worked and my achievements towards Fellowship (while at the same time working full-time) demonstrates my ability in the provision of primary medical care in Australia. I believe that these circumstances together with the attached letters of support from medical colleagues and others are worthy of favourable consideration regarding registration linked to Melbourne Medical Deputising Service.

I was notified by the Queensland Board of the MBA on 12 August 2011 that the Board had determined to refuse my application to renew my registration. (The reasons for the refusal were not related to any complaint or patient dissatisfaction concerning my clinical practice in Australia.) I applied to QCAT for a stay and my registration was reinstated on or around 18 September 2011. While I remained registered to practice, I was unable to work because due to the untimely death of my supervising GP, the practice to which my registration was linked was no longer able to provide the changed and increased level of supervision that the Board had added to my 2011 registration renewal.

As a result, I was out of a job and it was imperative that I find another position as quickly as possible. I found and accepted a position in Victoria that was able to meet all of the additional supervision requirements of the Queensland Board.

The AHPRA Victoria office advised that because the change in my circumstances was defined as 'significant', a 'Request for changes in circumstances for medical Practitioners with limited registration' was not applicable and, therefore, I would need to lodge a 'new' application. Accordingly, even though I had been a practicing GP in Australia for many years and was in fact still registered to practice (subject to the availability of an appropriate position), I submitted a new application, selecting the answer to Q 14 as *No – I am exempt as I am currently registered in another category of registration with the Medical Board of Australia*. The application was lodged 7 March 2012 and at the time I paid both the new application and registration fees.

As required by AHPRA Victoria regarding this new application, I successfully completed a PESCI in Victoria on 9 March 2012. The Panel's written report stating: *Suitable for supervised general practice…in relation to working at Melbourne Medical Deputising Service. …recommended Level 4 supervision.*

The previous Medical Board of Queensland had, in April 2007, placed a condition on my registration requiring me to apply for general or specialist registration within four continuous years of initial registration. I was first registered in Australia in August 2004 and at the time I applied to renew my registration again in 2011, I had not achieved this requirement. This was not because I had neglected my responsibilities - in the past, I have attempted, unsuccessfully, to pass RACGP exams and also a PESCI in Qld and by April 2011 I had succeeded in passing 2 of the 3 Fellowship exams and had plans to sit the final component without delay.

I believe my past lack of exam success is related to the fact that I was juggling full-time work as a GP (seeing 30 – 35 patients on a normal day); keeping up with CPD requirements; meeting my family obligations as husband and father; and also trying to study towards achieving my goal of Fellowship of the College.

During my first 2 years in Australia I worked as a full-time GP at the Tara Medical Clinic, in S.E. Queensland. In 2006 I relocated with my family and started work as a full-time GP at Medicross in Ipswich, working 9 am – 5 pm, Monday to Friday. Medicross then started after-hours services, 9 am – 5 pm on Saturdays and Sundays. By mid-2007 I was working 3 weekends in each month and was allowed to take off days on Monday and/or Friday instead. This continued until 2011 when new GPs joined Medicross and my weekend rosters were reduced to twice a month.

This was a big workload over an extended period of time and undoubtedly had an adverse effect on my capacity and the time available to study.

The loss of my job at the end of 2011 and the flow-on effects have been stressful and distressing for me and for my family, nevertheless, I proceeded to sit the final component of the FRACGP in January this year (2012) – I missed a pass by 0.4 of a mark. I am enrolled to re-sit sometime between the 2nd and 21st June 2012. The exact date is subject to the appointment and finalisation of arrangements with the Examiner.

Sequence of Events/background and GP experience in Australia with Limited Medical Registration

2004 Aug	First Registered in Aust - 2 years as a GP in Tara, 2-3 doctor practice in S.E. Qld.
2006 Oct	4.9 years as a GP in Medicross, Ipswich, Qld
2009 Mar	RACGP exams - unsuccessful
2011 Jan	PESCI Qld - unsuccessful
2011 Mar	AHPRA increased my supervision conditions to Level 2. (Whereas from August 2004 to April 2011 I had been at supervision Level 4)
2011 Apr 8	Application of renewal of AHPRA Registration
2011 Apr	Passed 2 out of the 3 modules of RACGP exams
2011 July	AHPRA requested written explanation as to why FRACGP had not been achieved. A response was required by 5 pm, 18 July 2011.
	Due to a family tragedy I was unable to respond in an orderly manner prior to the due date:
2011 Jul 03	My twin brother's son was killed in a car accident in India and I left for overseas for the funeral and to provide family support.
2011 Aug 18	Letter from AHPRA advising that my medical registration had been cancelled and I lodged an appeal to QCAT.
2011 Sep 05	My Supervisor Dr Sandhu aged 48 passed away from ruptured Brain Aneurysm.
2011 Sep 18	In the context of my appeal to QCAT for a stay, the Queensland Board re-registered me as a GP with Medicross, Ipswich. However, with the demise of Dr Sandhu, Medicross was unable to give me Level 2 Supervision as required by the Board.
2012 Jan 23	Completed VIVA as final component of FRACGP – results declared April 2012 - unsuccessful – missed by 0.4 of a mark.
2012 Feb	Accepted an offer to work with Melbourne Medical Deputising Service and with their sponsorship my 457 visa status has been regularised and is valid to 27 November 2014.
2012 Mar 9	Completed PESCI Vic – passed
2012 Apr 2	Notification of my successful result was conveyed by phone from AHPRA
2012 Apr 4	PESCI Panel's written report was received by email.
2012 Apr 20	Notified Medical Board Queensland via AHPRA Queensland of my unsuccessful VIVA result – fulfilling my undertakings in this regard.
2012 Jun	Re-sit final component of FRACGP

I am a member of the RACGP and have continued to participate in QI&CPD activities. In the current RACGP triennium (2011-2013) I have already accumulated 98 CPD points comprising 80 points for two category 1 activities and 18 points for category 2 activities.

As I have been out of a job since August 2011, it is imperative that I regularise my medical registration as quickly as possible so that I can commence work with Melbourne Medical Deputising Service. My family and I have now relocated to Melbourne - both my children are studying at tertiary level and Australia is our home and in due course this will be recognised formally.

As an international medical graduate first registered in Australia before the 1 July 2008, I am caught between the requirements of the old and of the new medical registration systems. I do not believe the new National Law and Medical Registration Standards were intended to create such adverse circumstances for a doctor who has demonstrated good and safe clinical practice and is committed to the delivery of quality primary health care in Australia, now and in the future.

I am aware that upon successful completion of my final FRACGP exam, I will be eligible to apply for Specialist Registration when my next registration is due.

I trust that with goodwill and in the spirit of the sentiments expressed by Steve Georganas in the 'Lost in the Labyrinth Report'…*it is my sincere hope that the Report's recommendations will help to resolve the administrative difficulties faced by many IMGs, and ensure that those wishing to practise medicine and call Australia home in future may do so with certainty and clarity of what is expected of them*[14] that the Committee and the Board will be able to recommend and approve my medical registration.

[Outcome: Any decision regarding Dr Katticaran's registration continued to be deferred over a number of months. In spite of dreadful financial and emotional pressures, Dr Katticaran continued to work towards passing the final module of FRACGP achievement. In July 2012 he succeeded in this goal and became eligible for Specialist Registration (thereby absolving the Medical Registration Committee Victoria of having to make a decision). Regardless of all the circumstances which would seem to require expeditious processing, it took AHPRA Victoria another month to process his Specialist Registration and it was not until 17th August 2012 that Dr Katticaran was able to commence with MMDS. He continues to provide quality care after-hours to patients in greater Melbourne and Geelong for whom a home visit is their only access to primary medical care.]

4.1.2 Dr VV- Limited Registration Area of Need

For consideration by the Registration Committee and the Medical Board of Victoria at the Committee's meeting 24th May 2012

I am writing to request that Registration Committee and the Medical Board of Victoria consider:

- My progress towards achievement of the FRACGP and the circumstances[15] that prevented achievement of the FRACGP at the end of the first 4 years;
- As evidence of satisfactory performance and assessment that I have practiced in Australia since 2006 without complaint or reprimand and have recently successfully completed PESCI assessment as per the attached PESCI Panel Report;

[14] *…it is my sincere hope that the Report's recommendations will help to resolve the administrative difficulties faced by many IMGs, and ensure that those wishing to practise medicine and call Australia home in future may do so with certainty and clarity of what is expected of them.*

Steve Georganas MP, Chairman of the *Inquiry into registration processes and support for overseas trained doctors*, House of Representatives Standing Committee on Health and Ageing

[15] *The Board understands that there may be circumstances that prevent an IMG from applying for general or specialist registration at the end of the first four years of limited registration*, Information on how IMGs can demonstrate satisfactory progress towards gaining general or specialist registration, Medical Board of Australia, 13 April 2011 p. 2

- The unintended adverse consequences for me as international medical graduate who was first registered in Australian before 1 July 2008 (prior to the MCQ) and who is now caught between the old and the new regulatory regimes; and

to approve my area of need limited registration application to ensure that I can satisfactorily transition from Queensland to Melbourne without any break in continuity.

I was first registered in Australia 11th October 2005 and first started to work as a medical practitioner in Australia in May 2006. I have continued to work in Australia in the provision of primary medical for patients in both clinic and domiciliary settings.

Since 2006 I have combined long working hours (for example, at the Gold Coast practice I worked 60 hours per week and when I moved to Family Care I worked 40 – 45 hours per week); coped with distressing family circumstances related to the breakdown of my marriage and the custody of my two sons; fulfilled my responsibilities as a single parent (from June 2010); and attempted to work towards achievement of general or specialist registration.

In August 2009, the RACGP assessed my overseas experience and encouraged me to enrol in the next enrolment intake for the FRACGP and I am progressing towards achievement of the FRACGP:

- 5th October 2011 - passed the KFP (missed an AKT pass by 0.43)
- 25th February 2012 - I successfully re-sat the AKT.
- 12th May 2012 – I completed the OSCE component - results 15 June 2012

Since 2008 I have been working in Qld with Family Care Medical Services visiting patients at home after hours.

I am moving to Melbourne so my children and I can be closer to our extended family and I have accepted an offer to work with Melbourne Medical Deputising Service (MMDS). The imperative to accept this position was also greatly influenced by my understanding that my limited registration with Family Care would not be renewed but that I could submit a new application to work with MMDS. Australia is our home and in due course we will become citizens.

I understood that my application for new registration with MMDS would be considered by the AHPRA Vic Registration Committee 12th April 2012. When this did not happen and as my medical registration with Family Care was due to expire 30th April 2012, I became very fearful of being without registration status and the adverse implications for my OSCE on 12 May 2012. Accordingly, I lodged a renewal application through AHPRA Qld. I have since been advised by AHPRA Qld that I must submit the results of my OSCE by 22 June 2012 in order for my application to be considered.

PESCI assessments

- 2010 September - I successfully completed a PESCI in Queensland. Result: 'Satisfactory' across eight areas of examination*, …suitable for the position…; after hours clinic independent practice supervision level.*
- 2011 October - I was unsuccessful in a PESCI conducted in South Result: 'not recommended for the position'… 'the candidate's competence for suitability in full time Australian general practice was unclear in this interview'. Apart from the stress of coping with my difficult family circumstances, I am unable to explain the variation in the results.
- 2012 March 9th - I successfully completed another PESCI (as required by the AHPRA Victoria office – the PESCI was arranged through the AHPRA Vic office and I travelled to Melbourne to do the interview. PESCI Panel Report stated:
  Overall Recommendation:
  Suitable for supervised general practice as detailed in the supervised practice plan provided in relation to working at Melbourne Medical Deputising Service.

Supervision:
The panel has recommended Level 4 supervision for a period of at least 3 months.

I am a member of the RACGP and participate in continuing professional development – so far for the 2001 – 2013 RACGP triennium, I have accumulated 231 CPD points.

As an international medical graduate first registered in Australia before the 1 July 2008, I am caught between the requirements of the old and of the new medical registration systems. I do not believe the new National Law and Medical Registration Standards were intended to create such adverse circumstances for a doctor who has demonstrated good and safe clinical practice and is committed to the delivery of quality primary health care in Australia, now and in the future.

I am aware that upon successful completion of my final FRACGP exam, I will be eligible to apply for Specialist Registration when my next registration is due.

I believe my experience with Family Care in the provision of domiciliary primary medical care after hours; my progress towards achievement of the FRACGP; and my successful PESCI of 9th March 2012 demonstrates my capacity to satisfy the requirements of the position with Melbourne Medical Deputising Service.

I respectfully request favourable consideration of my new application to work with MMDS.

[Outcome: In spite of further undertakings provided the MMDS Principal Medical Director in response to yet another deferral, MMDS received phone advice from AHPRA (Vic) to the effect that 'the Committee reserves its right to again defer any decision'. No formal response received by the doctor or MMDS.

At the end of 2012 Dr VV did indeed pass his final FRACGP exam and now holds Specialist Registration, however, in the meantime having being unnerved the long and uncertain process he decided to stay in Qld – our loss. As noted in earlier, other doctors with a similar background in terms of trying to achieve the FRACGP have had their limited registration renewed and currently work for MMDS with our support and supervision even though they have not passed the MCQ. We are confused as to why this cannot occur with Dr VV. At the time, MMDS wrote to the Medical Registration Committee via AHPRA (Vic) in this regard – to date no response has been received.]

5 PESCI (Pre-Employment Structured Clinical Interview)

5.1 Purpose as per AHPRA (Vic):

The role of the panel is to evaluate your clinical knowledge, your doctor-patient communications and your comprehension of the Australian medical system. In other words, the panel hopes to see how you would manage the patients in the real world and assess such factors as your safety to practise, what deficiencies may be demonstrated, what level of supervision you may require and what further training could benefit you.

Clearly, in the case of IMGs who have not previously worked in Australia, a PESCI should be a prerequisite (in addition to a clinical interview and reference checks carried out by the Practice offering the position) to Limited Registration (Area of Need).

However, MMDS does not believe it is a reasonable requirement in the case of a Limited Registration (Area of Need) IMG who has a long-standing (and unblemished) history in Australia in the provision primary medical care and, in addition, whose limited registration has already been renewed number of times in Australia (albeit in States other than Victoria). Requiring a doctor with this background and experience in Australia who wants to take up a position in a different State to complete a PESCI is an unwarranted impost on a doctor.

5.1.1 Case Study – Dr MF

In spite of long-standing experience in Australia in a general practice clinic and also as an area of need home visiting doctor in Qld, AHPRA Victoria required this medical practitioner (an IMG with

Limited Registration (Area of Need)) to complete a PESCI in order to take up an area of need position with MMDS in Melbourne.

As outlined below Dr MF had already invested considerable effort and money towards achievement of specialist GP status and has at the same time contributed to the well-being of patients (and GPs) in the community in which she works in Qld. It was puzzling both to the doctor concerned and MMDS why she was not given a PESCI exemption and why the whole process took so long.

- Dr MF wanted to move to Melbourne from Queensland.
- She accepted an offer to work with MMDS as an after-hours home visiting doctor working in an Area of Need with a planned start date of 12/12/2011 (offer included transfer of sponsorship of Dr MF's temporary resident visa to MMDS.
- Dr MF's general practice experience in Qld comprises: 2004 -2005 as a GP in clinic; and since 2006 as Visiting Medical Officer providing primary medical care to patients in domiciliary settings after-hours and on behalf of principal GPs) – same type of position as the one accepted in Melbourne.
- Supervision required for the Qld position - Level 2.
- Dr MF was required to give 28 days notice regarding her area of need position in Qld.
- Dr MF passed the MCQ in September 2009 (approx $1,600) and subsequently applied 5 times to complete the AMC clinical examination (2009/2010 Series 4; 2010/2011 Series 2, 3 and 4; 2011/2012 Series 2) but has been unable to secure a place because *'the number of applicants for the clinical examination has exceeded the number of positions available'* - as per AMC correspondence – and is therefore following the 'practice eligible' pathway to FRACGP.
- The RACGP assessed Dr MF's general practice experience (> 4 years in Australia plus > 3 years overseas) and confirmed her enrolment to sit her Fellowship exams 25/10/12 (AKT, KFP) and 12/5/2012 (OSCE).
- Cost of assessment of experience, FRACGP exam enrolment and assessment (>$7,000).
- The first available date to complete a PESCI in Qld 22 November 2011 - too late to meet the Medical Registration Committee (Vic) deadline related to changing her practice location to MMDS. Therefore, PESCI had to take place in Melbourne.
- Completion of PESCI including return airfares (cost in the range 1,500 – 2,000)
- As per advice from AHPRA (Vic), Medical Registration from 8/12/2011 to change practice location to MMDS required a completely new application – change of location registration renewal not possible. 'New Application' cost to Dr MF of both the annual membership fee and an application fee (> $1200 in total).

[Outcome: Limited Registration (Area of Need) linked to MMDS was eventually finalised at the end of 2011 and Dr MF commenced work with MMDS in January 2012. Her clinical and collegial performance has been consistently at or above the expected level.]

5.2 Downgrading PESCI Panel decisions and the imposition of Level 1 Supervision

Since mid-2012, the Medical Registration Committee of the Medical Board of Victoria has consistently downgraded the recommendations of a PESCI Panel and increased the supervision requirements of doctors engaged by MMDS.

Supervision Level 1 is the most intensive supervision (Levels 2, 3 and 4 reduce in intensity as the doctor goes up the supervision ladder).

Supervision Level 1 is onerous for individual IMGs and Supervisors and for the administration of the Practice. While MMDS has the capacity to provide supervision Level 1, it is puzzling that the Medical Registration Committee having never seen or spoken to the candidate would downgrade the recommendation of a PESCI Panel.

A PESCI Panel has three (3) members and depending on the accredited PESCI Provider all three may be medical practitioners or one may be a community representative.

Preparation information provided by the recruiting Practice to the PESCI Panel in advance of the candidate's interview includes: the candidate's CV; a comprehensive position description together with a supervision and QI&CPD[16] Plan.

The PESCI Panel bases its recommendations on its assessment of the IMG following a 2-hour face-to-face interview which it conducts with the doctor concerned and involves:

- General discussion about the candidate's interests in medicine; reasons for wanting to practice in the position they've been offered.
- Plans for any further training
- Eight (8) clinical scenarios - some as role plays and some as viva discussions where the Panel and the IMG discuss the patient's presentation and the medical, ethical and legal issues involved.

AHPRA and Medical Registration Committee Victoria having never even meet the doctor relies on paperwork and unspecified 'extra' information in making a decision that downgrades the PESCI Panel's recommendation regarding supervision.

At its meeting with the AHPRA Vic Registration Manager and members of the Medical Registration Committee, MMDS queried the downgrading of PESCI Panel recommendations. The response was that because of the national scheme AHPRA Vic and the Medical Registration Committee has access to extra knowledge about individual doctors and this influences the final decision regarding supervision requirements.

AHPRA and the Medical Registration Committee were unable to provide any specific detail – such detail should not be protected information. In the interest of transparency for the doctor and patient safety matters for the medical practice where the doctor is to work, any evidence that causes the Medical Registration Committee Victoria to downgrade a recommended supervision level should be at least available to the practice engaging the doctor.

5.2.1 Case study – Dr AD

Dr AD - Limited Registration (Area of Need)

PESCI Panel Recommendation: Level 2 Supervision

Medical Registration Committee Victoria decision: Level 1 Supervision for 3 months

The MMDS Supervisor's request to change the supervision level on the grounds outlined below was rejected without any explanation from AHPRA (Vic) or the Medical Registration Committee.

Request to Change supervision Level [the following request was submitted by Dr AD's supervisor who is also an MMDS medical director]

I refer to correspondence dated 11 July 2012 from the Director of Registration Victoria advising that three (3) months at supervision Level 1 is required for Dr AD.

In my opinion Dr AD does not require Level 1 supervision. I believe that Level 2 supervision would be sufficient for his first three months.

This request to change the supervision level for Dr AD is based on the following:

I conducted a clinical interview with Dr AD in person on 26th April 2012 (This interview was in addition to his successful completion of a PESCI conducted 6th March 2012 and resulting in Level 2 supervision recommendation).

My interview covered the domains of general practice and case studies with particular relevance to treating patients at home (private or residential) after hours.

My notes record my assessment of Dr AD as satisfactory across all areas while acknowledging that increased knowledge of the Australian health system will enhance his capacity (this learning is part of the MMDS induction program.)

[16] Quality Improvement and Continuing Professional Development as accredited by the RACGP

His verbal and non-verbal communications skills incorporating English fluency, capacity to communicate effectively with a patient; and communication confidence are all very good. At MMDS we rate effective doctor/patient communication as a major factor in the delivery of good medicine and better patient outcomes.

He demonstrated good clinical and prescribing knowledge by the provision of full and appropriate histories for the case studies - he stood firm on not prescribing antibiotics in a case regarding pressure from a patient presenting with a sore throat (viral). His professional attitude and ethical behaviour response regarding the privacy of an aged care patient was excellent.

Dr AD has not yet practiced medicine in Australia, however, he has lived in Melbourne since January 2011 (with the exception of 2 ½ months overseas) and has participated in the community and had exposure to Australian culture and society. For example, his MCQ preparation was completed in Melbourne through the VMPF (Victorian Medical Postgraduate Foundation) bridging course; since February 2011 he worked as an occasional support worker for DASSI (Disability Attendant Support Service); has been involved with the post-graduate community of Deakin University as a volunteer as part of PhD research in the field of nutrition; he successfully completed his MCQ in (September 2011); English exam (OET) and PESCI (March 2012) in the Australian environment; he takes part in weekly tutorial classes (in preparation for AMC clinical exam) which are conducted every Thursday by Dr Wenzel at Monash Medical Centre; and he is about to lodge all the paperwork required by the RACGP to have his overseas experience assessed as equivalent to Australian general practice.

I believe Level 2 supervision is appropriate for Dr AD and that the application of Level 1 supervision for three months is inconsistent with MMDS previous experience in this regard. For example, supervision requirements for Dr N limited registration approved 19th May 2011 requirements were **Level 1 supervision for the first month** (copy of the specific requirements attached) and Level 2 for three months. Except for a 10 day trip to complete his PESCI, when Dr Dr N arrived to commence work with MMDS in October 2011 he had not previously had any first-hand exposure to Australian culture and its health system. As would be expected, he completed a comprehensive induction program at MMDS that, in addition to practice orientation matters, covered the statutory framework of the Australian health system; medical practitioner obligations; and cultural issues including an introduction to women's health. Dr Dr N's supervision Level 1 requirements: **The supervisor takes direct and principal responsibility for individual patients;** a) supervisor must be physically present at the workplace or **contactable by phone at all times when [the doctor] is providing clinical care**; [the doctor] must consult his supervisor about the management of all patients. Among other structured activities, Dr Dr N's Level 1 supervision program included supervisor observation shifts and a series of observation shifts (as part of a 'buddy' system) with experienced VMOs who hold general and/or FRACGP. Completion of his Level 1 supervision program resulted in a satisfactory performance assessment and report to the Medical Board. Dr Dr N continues to work with MMDS. He has not had any patient complaints – quite the opposite, almost every week we receive at least one patient 'bouquet' for Dr Dr N.

Dr AD will be subject to the same comprehensive induction program undertaken by Dr Dr N, which is accredited by the RACGP as a category 1 ALM (active learning module). During his first month Dr AD will participate in weekly mentor sessions, each of which will involve least two (2) case presentations for peer review; he will participate in a program of observation shifts that traverse metropolitan Melbourne and Geelong and expose him to after-hours home visiting across all socio-economic and cultural backgrounds and patients of all age groups. In addition, he will follow a program that addresses ongoing CPD and learning needs including those specified by the PESCI Panel. (Although, Dermatology within 12 months seems excessive – it is unlikely, but possible, that he may be required to diagnose skin cancer in the after-hours home visiting environment but excision and related matters would be referred back to the patient's usual GP.)

Accordingly, I am requesting that the supervision level for Dr AD be changed from Level 1 to Level 2 for three (3) months and that the requirement to undertake a course in skin cancer diagnosis and excision within 12 months is removed.

If you would like me to elaborate on any the above, please do not hesitate to contact me 0437 775 163.

[Outcome: As already noted, this request was rejected without any explanation. Moreover, Dr AD has now been on level 1 supervision since 5/10/2012 - almost 5 months. His three months performance report (including the supervisor's recommendation that he be moved to the next level of supervision)[17] was lodged the third week in January and the supplementary orientation report was lodged over three weeks ago. AHPRA (Vic) is unable or unwilling to provide an anticipated outcome date.

Given that the supervisor works closely with the IMG in question whereas the Medical Registration Committee Victoria has never actually meet the doctor in question, it is puzzling that the supervisor's recommendation cannot be implemented at the end of the first three months without having to wait for the completion of the processes of AHPRA Victoria and/or the Medical Registration Committee.]

5.3 Case Study – Obstructive Administration

This case study is an example of how the lack of administrative discretion mechanisms resul in an administrative maze that obstructs the timely process of medical registration and imposes an extra financial cost on the doctor.

The following email was sent on 29/11/2012 to both the Director of Registration Victoria and the CEO of the Australian Medical Council – no response received.

…Another *Lost in the Labyrinth* situation. I am writing to seek your assistance in the resolution of what appears to be an AHPRA administrative matter and in the absence of such resolution to seek your assistance in 'fast tracking' AMC and AHPRA processes to ensure continuing in the medical registration of Dr Wan Chin Jennifer LAU MED0001214035. (I have previously spoken to each of you about possible problems related to the continuing medical registration of doctors who were first registered in Australia prior to July 2008 and the effect for them of the new legislation.)

Dr Lau has held limited registered and practiced in Australia since March 2006 - this means her limited registration has been renewed six (6) times including two (2) times since July 2008 and two (2) times since July 2010. This would suggest strongly that at the time of her first registration and consistently thereafter for the following six (6) years the Medical Board of Victoria and in turn the Medical Board of Australia (via the Victorian Board) have recognised Dr Lau's bone fides deemed her to be a medical practitioner of good standing and progressing satisfactorily towards specialist registration.

Having passed the AKT in 2011 and the KFP and OSCE in 2012 she is now eligible for Fellowship of the RACGP and Specialist Registration. Congratulations would seem to be in order, however, administratively she is being been penalised with the effect that the paperwork now required may not get through the AMC and AHPRA processes in time to ensure continuity of registration for Dr Lau – her current limited registration is due to expire 11/1/2013 [renewal form just received on 28/11/2012].

In addition to having her Fellowship status formalised, Dr Lau has been advised by the AHPRA Vic office that in order to apply for Specialist Registration she must start the registration process from scratch as if she were applying for new registration including:

- applying to AMC for EICS verification (it is reasonable to assume that primary medical qualifications from the National University of Singapore was deemed valid for limited registration by Victoria Medical Board in 2006 and each subsequent year that her registration was renewed.)

[17] Where the Medical Registration Committee (Vic) imposes level 1 supervision on an IMG and MMDS, it generally applies for three months from the doctor's commencement. At the end of the first three months the supervisor conducts a performance review which takes place in person with the IMG. Together the IMG and the supervisor follow an AHPRA template (including recommendations regarding the doctor's competency to move to the next supervision level) and complete a performance report which is submitted to AHPRA.

- providing certified copies of all relevant qualifications
- Applying to Singapore Medical Council to forward a Certificate of Good Standing to AHPRA for the period prior to practice in Australia (it is reasonable to conclude that her registration history in Australia will suffice as verification of Good Standing in Australia).

For all practical purposes Dr Lau is renewing her medical registration with a higher level qualification that entitles her to specialist recognition. Because she followed the specialist registration path rather than the general registration path, Dr Lau does not have 'general registration' as such, however, she does have seven (7) years of unblemished and continuous experience as a medical practitioner in Australia and has now passed all FRACGP requirements. In addition, specialist registration and general registration have the same level of standing in terms of a doctor on limited registration intending to practice in Australia in the longer term – as is the case with Dr Lau who is now an Australian citizenship.

Accordingly, it is difficult to understand why Dr Lau is not permitted to apply for specialist registration seamlessly (without general registration) and why AHPRA administrative processes cannot facilitate a more streamlined outcome for Dr Lau. If the specialist registration (without general registration) process is not achievable, can you please advise what mechanisms are available to ensure continuity of Dr Lau's medical registration. (The RACGP are able to 'fast track' FRACGP by providing confirmation in the exact wording required by AHPRA.)

[Outcome: to date no acknowledgement or reply has been forthcoming. Early in December 2012, Dr JL completed the renewal process related to Limited Registration (Area of Need) so there was no break in continuity of her medical registration and she was able to continue working. By 13th February 2013 Dr JL had fulfilled the retrospective paperwork requirement of AHPRA Victoria and was able to lodge her application for Specialist Registration. Dr Lau paid a fee for the renewal of her Limited Registration as well as an application fee for her Specialist Registration. The good news is that Dr JL's Specialist Registration has now been approved.]

6 Conclusion

The application, interpretation and administration of the new legislation, standards and guidelines for medical registration remains in State control – which somewhat undermines the notion of a 'National Scheme'. In any event, MMDS would like to see AHPRA Victoria and the Medical Registration Committee in Victoria apply a public interest and patient safety approach that is transparent and encourages rather than impedes the recruitment of suitably qualified and experienced medical practitioners to provide primary medical care services after-hours.

MMDS would be pleased to elaborate in person on any matters raised in this submission.